Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

Class Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Occupations Information Packet 2011-2012

Your student is enrolled in the Health Occupation Certified Nursing Assistant Course; successful completion of this class and passing the state certification exam is required for your student to become a certified nursing assistant. There are many job opportunities for students who complete this course, and this experience is generally helpful for students interested in the health care field. Students, who receive an A or B in this class, may also receive college credit for this course at Elgin Community College. This class is often taken at community colleges, and is regulated by the Illinois Department of Public Health. **This is an adult class with adult expectations**.

The Illinois Department of Public Health requires that each student spend time caring for residents in a long term care facility, this is called “clinical time”. During “clinical” students learn to provide care to residents in the nursing home by practicing skills they have learned in class.

Each student is required to attend 40 hours of clinical. For students with a day shift clinical rotation, the clinical days begin at 6:45 a.m. and end at 3:45 p.m. In October, parents/guardians and students receive the opportunity to have some input into which set of clinical days students are scheduled to attend. Generally, employers and coaches are supportive of the C.N.A. program if students provide advance notice that they are attending clinical.

Please take a few moments to discuss with your student the adult like expectations they must meet to attend clinical and take the state certification exam. You and your student should read the following forms carefully. Each form must be filled out completely, signed, and returned to their Health Occupations Teacher. If you have any questions please call 630-372-4700 (Mrs. DeHaan X 4745, Mrs. Hoch X 4746).

**My signature indicates that I understand the following: students must attend a minimum of 40 hours of clinical in order to sit for the state exam.**

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Social Security Number

The Illinois Department of Public Health requires that each person taking the state C.N.A. certification exam provide their social security number and have a criminal background check. If your student does not have a social security number they cannot take the state test to become a certified nursing assistant. Students who do not have a social security number may continue in this class as long as they follow all class requirements. Please provide your student’s social security number in the space provided below. This information will be kept in a safe place and will be released for registration for the state C.N.A. certification exam and for the criminal background check.

Students Legal Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ My student does not have a social security number

My signature indicates permission to have this information released for test registration purposes and for the criminal background check

Parent : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

HEPATITIS B IMMUNIZATION

The Illinois Department of Public Health requires that health care workers receive the

Hepatitis B immunization. Your student should have received this immunization before

entering 9th grade. Your signature below indicates that your student has received their

Hepatitis B immunizations.

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

ATTENDANCE/GRADES

**The attendance requirements, and grades required for this class are different than the requirements for a typical high school class.** This is because the C.N.A course is regulated by the Illinois Department of Public Health. Adults usually take this class, and often there is a substantial fee to take it. Students are expected to appreciate the opportunity they are being provided and to behavior in an adult like manner. The following list includes some of the behaviors that a student must demonstrate in order to attend clinical or take the state C.N.A. certification exam**. Keep in mind that it is possible to receive a passing grade for the course and still not be eligible to attend clinical or take the state test.**  Your student must meet these requirements:

1. The Bartlett High School CNA program must maintain an average score of 80% on the state certification exam in order to remain a program in good standing. This is why students must maintain a grade average of 75% for the course. **Students who receive less than a 75% on any test must retake the test, and receive at least 75%, or they will not be allowed to take the state certification exam.** (This retest will not raise their class room grade; however it confirms that the student has learned the required information). Absences must be three or less occurrences a quarter. (A three day absence for the flu is one occurrence). At two occurrences, parental/guardian notification will occur and a plan must be put in place to eliminate excessive absences or the student will not be allowed to attend “clinicals” or take the state certification exam.

4. Students must demonstrate respect for authority, responsibility, sensitivity, maturity, age appropriate social skills, communication skills, and conflict management skills, ethical behavior, trustworthiness, and impulse control.

1. Students must complete clinical with a grade of 75 % or above.
2. Students must have a social security number (IDPH requirement). Students who do not have a social security number may take the theory portion of this class but they cannot take the C.N.A. certification exam.

**7.** **Students must not be truant from the CNA class. Students must not misuse a pass provided by their C.N.A. teacher.**

**8. Students must demonstrate good behavior throughout the time they are at Bartlett High School; any suspension (including in school suspension) will result in a student not being allowed to take the CNA state certification test.**

***\*\*\*\*I understand that one truancy or suspension, any time during the year, disqualifies a student from attending clinical or taking the state test. All after school detentions must be served when assigned to avoid suspension. Students must receive prior parent approval or permission from the school nurse before leaving school. Students must sign out in the attendance office before leaving school.***

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuberculosis Testing

The Illinois Department of Public Health requires that all people providing patient care in long term care facilities have a two step Mantoux TB test within 90 days of patient contact. This is an almost painless test used to determine if a person has been exposed to tuberculosis. As part of the C.N.A. program, students may be TB tested during the C.N.A. class if they pay the required fee. Please complete the following permission form:

\_\_\_\_\_\_\_\_ My student may have the two-step Mantoux TB test performed at Bartlett

High School by a nurse practitioner from the Greater Elgin Family Care Center.

\_\_\_\_\_\_ My student may not be tested, I understand they will not attend clinical or take the state C.N.A. certification Test.

\_\_\_\_\_\_ My student will have their two-step Mantoux TB test performed privately. I will provide the results by October 15th. This means the student will need to see their physician three times: once for the first TB test, again to have that test read and another TB test administered, and a third time to have the second TB test read. You must tell your physician that your student is required to have a two step TB test. A one step TB test is not sufficient.

\_\_\_\_\_\_ My student had a positive TB test in the past. I will provide documentation of the treatment they received for this by October 1st. I will also provide a note stating that they are in good physical condition. (This note should state that the student does not have a cough, chest pain, fever, or night sweats). If they are experiencing any of these problems I will consult with their physician.

My signature indicates that I understand that students must have documentation that they have received a two-step Mantoux TB test prior to October 15th. Students who have had positive TB test results in the past, or when tested now, must provide documentation that they have seen a physician and have received the necessary medical treatment. They must provide a note that they are in good health (see above).

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C.N.A. Course Fees

The following is a list of the costs associated with C.N.A. class:

$60.00 Registration Fee for the state test (due in April)

$35.00 Criminal Background Check - required by the Illinois Department of Public Health in order to attend clinicals.

(due in September)

$10.00 Tuberculosis testing (At time of testing, probably October, at Bartlett High School)

$25.00 Fee for CPR training and certification (due before class)

$45.00 C.N.A. Uniform, gait belt, stethoscope, I.D. clip, small notepad, and other supplies required for clinicals (due in October)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$175.00 Total $165.00 (without TB Testing)

Students will also need a pair of clean, comfortable, white gym shoes or nursing shoes, and a watch with a second hand. If your student does not attend clinical or take the state C.N.A. certification exam appropriate fees will be refunded at the time that decision is made.

My signature indicates I understand the costs for the C.N.A. class & due dates.

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

C.N.A. Health Form

All students attending clinical will provide basic physical care to the residents at a

Long-term care facility. This is a physically demanding job. Students will be bending, stretching, lifting, walking much of the day, and they will be on their feet for long periods of time. Your student will be listening and recording residents’ blood pressure. The Illinois Department of Public Health requires that all students perform all activities in order to pass clinical. If your student has any physical conditions that you think may keep them from functioning at clinical please schedule a phone conference with their Health Occupations Teacher as soon as possible so this concern can be addressed (630-372-4700 Mrs. DeHaan X4745).

A note from a physician stating a student may participate in clinical, without restriction, is required if a student has any of the following conditions:

1. A history of back problems such as scoliosis
2. A history of back surgery
3. Heart disease
4. Pregnancy: PREGNANT STUDENTS WITH ANY LIFT RESTRICTIONS WILL NOT BE ALLOWED TO ATTEND CLINICAL
5. Recent fractures, torn ligaments, etc.
6. Recent surgery
7. Low energy or shortness of breath with activity
8. Vision problems not corrected by glasses or contact lenses
9. Hearing loss, a special stethoscope will be provided, if this allows students to attend clinical without further restriction

J. Other conditions need to be evaluated on an individual basis. **Please complete**:

\_\_\_\_\_\_\_\_ My student enjoys good health and may attend clinical without any restrictions.

\_\_\_\_\_\_\_ My student has the following medical condition, and I will provide a note from their physician stating they may attend clinical:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_ My student has the following condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am available at the following phone number for a phone conference to discuss this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The best time to reach me is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**My signature indicates that I understand that all students attending clinical must be able to perform ALL TASKS assigned to them, and be in good health.**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Picture/Film Release

The Health Occupations class is an activity-based class. Sometimes pictures or videos of students are taken. Please fill out the fill permission slip below to indicate if pictures or videos of your student may be taken.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_ I give permission for my student to have his/her picture taken or to be in a Health Occupations video. I give permission for my student to be videotaped during clinical skills in the classroom for the sole purpose of skills evaluation.

\_\_\_\_\_\_\_\_\_\_ I do not give permission for my student to be in pictures or a Health Occupations video. However, I do give my permission for my student to be videotaped while performing clinical skills in the classroom for the sole purpose of skills evaluation.

\_\_\_\_\_\_\_\_\_\_ I object to videotaping of my student for any reason. I am willing to make alternate arrangements for my student to complete skills testing outside of class time, as necessary to complete objectives prior to participating in a clinical rotation.

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Syllabus**

**I have reviewed the Health Occupations 1-2 CNA syllabus with my student and understand the unique attendance, make-up work, medical ethics, grading scale, and classroom culture policies that are in place to assure success in this state-regulated program.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**

Clinical Dress Code

A professional appearance is important when working in a health care setting. It helps students to project a professional attitude, allows them to be comfortable while providing patient care, and keeps them from being injured on the job. The dress code for clinical includes the following:

1. Long hair is tightly secured and worn up.
2. Little or no make up is worn.
3. Small post earrings may be worn (no hoops or dangling earrings).
4. Rings are not worn (fingers, face, tongue, body)
5. Necklaces are not worn
6. **A watch with a second hand is worn**
7. **Clean white gym shoes or nursing shoes are worn**
8. Socks are worn
9. All visible tattoos must be covered at all times
10. Clean, conservative underwear is worn
11. Scrub suits should be clean and ironed.
12. Clear or very light nail polish may be worn. Artificial nails are not allowed, a student wearing artificial nails will be sent home.

M. Students who are cold may wear an undershirt or turtleneck

1. Students should wear their student school i.d.
2. Students must bring their gait belt, or they will be sent home.

Money for scrub suits will be turned in at the time that other C.N.A. fees are collected. Teachers will place a group order, which allows students to receive a group rate of $20.00 for navy scrub top & pants. Students will have the opportunity to see and try on uniforms before they place their order. Students who wish to order more than 1 scrub suit should bring additional money on the day the orders are placed; at that time students may also order stethoscopes; but they are not required to do so. Uniforms will be ordered before the end of October. If a student places an order and does not attend clinical a **refund cannot be provided.**

***My signature indicates I reviewed and understand the dress code for clinical. I understand that if students do not follow the dress code for clinical they will not be allowed to participate in complete the clinical requirement for certification. No uniform refunds are available once the order is placed.***

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_